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26663 7590 04/12/2005

REVEO, INC.
3 WESTCHESTER PLAZA
ELMSFORD, NY 10523

07/13/2005 HDEHES2 00000070 501648 10763946

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Ralph J. Crispino

(Depositor's name)

(Signature)

July 12, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10763,946	01/23/2004	Donald Dubas	EVIONYX-0061USAAON00	5070

TITLE OF INVENTION: SELECTIVELY ACTIVATED ELECTROCHEMICAL CELL SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/12/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
TSO, EDWARD H	2838	320-121000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Ralph J. Crispino

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

eVionyx, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hawthorne, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies

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☐ A check in the amount of the fee(s) is enclosed.

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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501648 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Ralph J. Crispino

Date July 12, 2005

Typed or printed name

Registration No. 46,144

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